

REISSUE APPLICATION DECLARATION BY THE ASSIGNEE	Docket Number (optional) IDP-1003
<p>I hereby declare that:</p> <p>The residence, mailing address and citizenship of the inventors are stated below.</p> <p>I am authorized to act on behalf of the following assignee: <u>Lawrence Koh</u></p> <p>and the title of my position with said assignee is: <u>I am the assignee Lawrence Koh</u></p> <p>The entire title to the patent identified below is vested in said assignee.</p>	
Inventor Edward E. Elson	Citizenship US
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Inventor Lawrence Koh	Citizenship US
Residence/Mailing Address 13409 Saticoy St. North Hollywood, CA 91605	
<input type="checkbox"/> Additional Inventors are named on separately numbered sheets attached hereto.	
Patent Number 6,015,397	Date of Patent Issued January 18, 2000
<p>I believe said inventor(s) to be the original and first inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled:</p> <div style="border: 1px solid black; padding: 10px; text-align: center; margin: 10px 0;">NEEDLE POINT GUARD SAFETY CAP ASSEMBLY</div> <p>the specification of which</p> <p><input type="checkbox"/> is attached hereto.</p> <p><input checked="" type="checkbox"/> was filed on <u>January 17, 2002</u> as reissue application number <u>10</u> / <u>052,528</u></p> <p>and was amended on <u>6/17/03 12/15/03 6/23/04 8/9/04 and 1/14/05</u></p> <p style="text-align: center;">(If applicable)</p> <p>I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.</p> <p><input type="checkbox"/> I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/02B (or equivalent) listing the foreign applications.</p> <p>I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)</p> <p><input type="checkbox"/> by reason of a defective specification or drawing.</p> <p><input checked="" type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent.</p> <p><input type="checkbox"/> by reason of other errors.</p>	

[Page 1 of 2]

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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (Optional) IDP-1003											
<p>At least one error upon which reissue is based is described as follows:</p> <p style="text-align: center;">The scope of the patent is to be broadened in that the needle cover member is being claimed separately as a sub-combination. See additional information on attached sheet. <small>[Attach additional sheets, if needed.]</small></p>													
<p>All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.</p>													
<p>I hereby appoint:</p> <p><input checked="" type="checkbox"/> Practitioners associated with Customer Number: 71572</p> <p>OR</p> <p><input type="checkbox"/> Practitioner(s) named below:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Name</th> <th style="width: 50%;">Registration Number</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>				Name	Registration Number								
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<p>as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.</p>													
<p>Correspondence Address: Direct all communications about the application to:</p> <p><input checked="" type="checkbox"/> The address associated with Customer Number: 71572</p> <p>OR</p> <p><input type="checkbox"/> Firm or Individual Name</p> <p>Address</p> <p>City</p> <p>State</p> <p>Zip</p> <p>Country</p> <p>Telephone</p> <p>Email</p>													
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<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.</p>													
<p>Signature </p>		<p>Date 2/28/08</p>											
<p>Full name of person signing (given name, family name) Lawrence Koh</p>													
<p>Address of Assignee 13409 Satcoy Street North Hollywood, CA 91605</p>													